BEST AVAILABLE COPY

										•					
MULTIPLE DEPENDENT CLAIM								SERIAL NO.				FILING	FILING DATE		
FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)									APPLICANT(S)						
	AS	FILED	AF	TER	AF	TER	CLAII	/IS							
	JND.	DEP.	IND.	NDMENT DEP.	2nd AMI	DEP.	1	 	-		*		*		
$\frac{\Gamma}{2}$		 				JEF.	1	51	IND.	DEP.	IND.	DEP.	IND.	L	
3	┼─	+				·] .	52	 	 	 	 -		L	
4		 / 						53					-	├	
5								54						1	
7								55 56							
8		 						57						_	
9								58		-				_	
10			_				.	59						-	
11							ŀ	60					·	_	
12 13							f	61	 					_	
14					$-\!$		ľ	68							
15							. [64 .						<u> </u>	
16				_		-	-	65	-I					-	
17							H	66				\Box		_	
19	-				$-\bot$			68							
20							. [69				\dashv			
21							-	70							
23				工			<u> </u>	71 72						_	
24								73				-			
25						_		74		\dashv	-			_	
26							-	75						_	
28							-	76 77						_	
29							_	78						_	
30				+-				79		+-					
32				_		∤ .		30 ·						_	
33						\neg		31							
34								3				┵			
35					- ` -			4							
36				1	+-	⊢ '	•	5 .	\bot	工				_	
38					1	┥.	8	6		<u> </u>					
39						J	8					4_		_	
0				+	+	_	8			+				_	
2	4			1-	+		9		1				+	_	
3						٦.	9:		+					·	
4	_				 		93		┪	+				_	
	<u> </u>	_	+	+	 	4	94			+	+	+		4	
6				+	+	-	95			I^-	1.	+-		\dashv	
7	+	+	-		1-	1	96		-	1		1	1	ᆔ	
		+		 _ _ _]	98	+			+	\bot	1_		
L C		1		 	1		99		1	-	+	+	-	<u>.</u>	
/	ًا لٰـ			i —	 '	1	TOTAL	+	1			+	+	4	
1 4	<u> </u>	\perp	- -J	 	1		TOTAL		J_ I			T	1	+	
JSO (3-78)			ind-	 	100 mg 4 14) 5);	DEP.	 		\bot	٠.,		الما	1-	
10-78)			°MAY BE	UEED PO	2 / 22	ــــــــــــــــــــــــــــــــــــــ	IDIAL.				22 ·	 	Ex and a state	J	
